# **Block Grant: Preventing Chronic Disease**



For more information about CDC's block grant funding, visit http://www.cdc.gov/nccdphp/blockgrant/index.htm



# Preventing Tooth Decay—A Common Childhood Disease

#### **Public Health Problem**

Tooth decay is one of the most common childhood diseases—5 times as common as asthma and 7 times as common as hay fever in 5- to 17-year-olds. Nearly all tooth decay can be prevented when fluoridation is combined with dental sealants and other fluoride products, such as toothpaste. Community water fluoridation is considered one of the great public health achievements of the 20<sup>th</sup> century; however, currently only 22% of Montana's population is served by fluoridated public water supplies.

### **Program Example**

The Montana Dental Access Coalition has developed strategies during two statewide summits to improve the oral health of Montana's citizens, which includes support for the use of fluoride to prevent dental decay. As a way to improve understanding of the benefits of fluoride to local multidisciplinary health professionals, the Fluoride Awareness Project was created by the Coalition with the support of Preventive Health and Health Services (PHHS) Block Grant funds for fiscal year 2001. The Fluoride Awareness Project includes a folder of information about the various sources and benefits of fluoride and community data regarding the level of fluoride in all Montana public water systems. A main objective of the project was to create awareness among dental and medical professionals of local fluoride levels to assist them in prescribing optimal fluoride supplementation and, at the same time, prevents fluorosis. In March 2002, 1,500 Fluoride Awareness Project packets were sent to Montana obstetricians, pediatricians, family practitioners, dentists, dental hygienists, water treatment plant operators, Head Start and Special Supplemental Nutrition for Women, Infants, and Children (WIC) programs, school nurses, Indian Health Service dental clinics, community health centers, and other oral health professionals in an effort to provide up-to-date information for use at the local level.

### **Implications**

PHHS Block Grant funds helped address Montana's dental access crisis by educating health advocates who work with children and families about the effectiveness of fluoride in preventing dental decay. Billings, Montana's largest city, organized a community water fluoridation campaign and delivered the packets directly to members of the community. Other communities have used the packets to inform city council members and policy makers of the benefits of water fluoridation. Following an additional 450 requests for the packets from health professionals, the Montana Dental Association and the Montana Primary Care Office provided funds for additional mailings.

# **New Hampshire**

# **Building Teams to Combat Sick Building Syndrome**

### **Public Health Problem**

The U.S. Environmental Protection Agency (EPA) reports that people in industrialized countries spend more than 90% of their time indoors. For infants, older adults, people with chronic diseases, and most urban residents of any age, the proportion of time spent indoors is estimated to be higher. The term "Sick Building Syndrome" (SBS) describes a situation in which reported symptoms among a population of building occupants can be associated with their presence in that building. Typical complaints include eye, nose, or throat irritation; nasal congestion; inability to concentrate; and general malaise. New Hampshire was ranked second in the nation for inadequate ventilation within public buildings and school facilities.

### **Program Example**

The New Hampshire Department of Health and Human Services used Preventive Health and Health Services (PHHS) Block Grant funds to develop a partnership with the EPA regional office in Boston to implement the indoor air quality Tools for Schools (TfS) program. The funds also helped establish a statewide health consultation program for Sick Building Syndrome that deals with the interrelated problems of poor facility conditions and sensitive school populations such as children with asthma, allergies, and disabilities. This team-based approach to solving indoor air quality problems provides the investigative tools for identifying indoor pollutants, evaluating building conditions, and managing sensitive populations. At the conclusion of the program, the TfS team is prepared to implement short-term environmental and behavioral solutions and plan for long-term capital improvement to affected facilities as needed. PHHS Block Grant funds ensured that the New Hampshire Indoor Air Quality Program was able to fulfill the core public health functions of surveillance for sick buildings and people, implement realistic interventions to assist the occupants, and assess the impact of TfS through tracking of school health data and facility conditions.

## **Implications**

The goal of the New Hampshire Indoor Air Quality Program is to facilitate long-term institutional change by creating permanent, facility-based teams to monitor building ecosystems and the health of the building inhabitants. Over the course of 2001, the New Hampshire Department of Health and Human Services advised staff at 23 public buildings and 46 school facilities through phone consultations or site visits. As part of this process, the New Hampshire Department of Health and Human Services provided 6 Tools for Schools training sessions and distributed 22 TfS guidance kits to educational facilities.